

CEPME

Rev. 9/02

GOVERNMENT OF THE DESTRICT OF

COLUMBIA

DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING **ADMINISTRATION** INTERMEDIATE CARE FACILITIES DIVISION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Name of Facility: Adoption Center of Washington Inc.		Street Address, City, State, ZIP Code: 1726 M Street N.W.			Survey Date:		
		Washington, D.C. 20036		05/07/09 Fellow-up Dates(s)			
Regulation Citation	Statement of De		Ref.	Plan of Corre	ction	Ta	pletion
Title 29 Chapter 16	An annual inspection was cor May 7, 2009, to determine co 16, Standards of Placement, Child Placing. The survey find record reviews and staff intensize was two (2) employee recensus of two (2), Light (8) a based on a census of eight (8 completed adoption files base (2). The Agency was found to be it compliance with Title 29 Chap Placement, Care and Services the following deficiencies were 1611 Personnel. Each Child-placing agency shall.	mpliance with Chapter Care and Services for lings were based on views. The sample cords based on a adoptive home studies), and two (2) d on a census of two in substantial fer 16, Standards of a for Child Placing but in cited.	AG.	GOVERNMENT OF THE DIST DEPARTMENT OF HEALTH REGULATION A 825 NORTH CAPITOL ST. WASHINGTON, D	TRICT OF COLUMBIA FHEALTH ADMINISTRATION N.E. 200 FLOOR	5	Date 15-09

BindelBrowle.

Facility Director/Designee



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	file on each employee, which shall include but not be limited to, the following:	1612.2						
1611.1	(k) Physical examination reports required in section 1612.2;	1. How will corrective action be accomplished for other clients?						
	Based on record reviews and interviews, it was determined that the agency failed to provide a physical exam report as required in section 1612.2 in one (1) of eight (8) adoptive home studies that were reviewed.	will implement corrective actions including a check list for the home study and review the file to insure that the medical is not removed from the file. 2. How will the facility identify other clients having the potential to be affected by the same deficient practice?						
	The finding includes: A record review on May 7, 2009 at approximately 2:15 PM revealed the following: Adoptive parent # 1 did not have a physical examination report as required in section 1612.2 in one (1) of eight (8) adoptive home studies that were reviewed.	These actions will include the check off list which will be reviewed to insure that the medical is in the file. The agency will add the check off list and review the list to insure that it is in all files. We will go over this deficiency in staff training. 3. What measures will be in place or systematic changes made to ensure that the deficient practice will not recur?						
		will implement the check off list and check to make sure the medical is in the file.						
	A face to face interview with the Executive Director at approximately 4:30 PM confirmed the findings.	4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?						
		effectiveness of these actions.						



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	1612 Staff Functions And Qualifications				
1612.2	Each child-placing agency shall require a written report on the applicant's mental and physical conditions including addictions which could adversely affect the applicant's capacity to work with children.	1611 Personnel 1611.1 A physical exam as required in section 1612.2 will be added to the checklist in the personal file. 1. How will corrective action be accomplished for other staff members? The check list will need to have the physical exam dates comply.			
	Based on record reviews and interviews, it was determined that the agency failed to provide a physical exam report as required in section 1612.2 in one (1) of eight (8) adoptive home studies that were reviewed. The findings includes:	 How will the facility identify other clients having the potential to be affected by the same deficient practice? We will ask staff members to update their physical exams per 1612.2. 3. 3. What measures will be in place or systematic changes made to ensure that the deficient practice will not recur? The check list will be reviewed annually prior to expiration of license to insure that each staff member has a recent medical in their file. 4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? The 11th month of the licensing cycle will trigger a review of staff files to insure that a current physical has been done. 			
	A record review on May 7, 2009 at approximately 2:15 PM revealed the following: Adoptive parent # 1 did not have a physical examination report as required in section 1612.2 in				
	one (1) of eight (8) adoptive home studies that were reviewed. A face to face interview with the Executive Director at approximately 4:30 PM confirmed the findings.	5 7 3 - 0 9			